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BIBDATASHEET**CONFIRMATION NO. 6200**

Bib Data Sheet

SERIAL NUMBER 10/726,635	FILING DATE 12/04/2003 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. VX032576
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APPLICANTS
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** CONTINUING DATA *****
HD None

** FOREIGN APPLICATIONS *****
HD None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/02/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>HD</i> Examiner's Signature Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
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TITLE
 Spectacles for presbyopia

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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